

## 10. Quality of medical records and audit

### Morbidity & mortality meetings

Morbidity and mortality (M&M) meetings should be an integral part of the provision of good medical care. It was therefore of great concern that 40% of hospitals within this study reported that the critical care service does not have regular M&M meetings (Table 7a). Where M&M meetings did occur, it is clear from the data in Table 7b that the main input into these meetings was by consultants in anaesthesia and intensive care medicine. Whilst other staff members did attend it was with a much lower frequency and undermined the principle of multidisciplinary case review. We have earlier shown that there are concerns with the management of medical patients prior to admission to critical care. The low participation of referring physicians in M&M meetings is a missed chance to address some of these issues.

Table 7a. Regular morbidity and mortality (M&M) meetings in ICU		
Mortality meetings	Total	(%)
Yes	125	(60)
No	83	(40)
<b>Sub-total</b>	<b>208</b>	
Not answered	3	
<b>Total</b>	<b>211</b>	

Table 7b. Attendance of morbidity and mortality (M&M) meetings in ICU	
Which health professionals attend (Answers may be multiple)	Total n = 202
Anaesthetists	94
Intensive care consultants	114
ICU trainees	96
Microbiologists/infection control	20
Nurses	76
Nutrition/dietetic staff	15
Operating department practitioners	5
Pathologists	2
Pharmacists	17
Physiotherapists	28
Referring physicians	14
Referring surgeons	19
Other	13

The ICU consultant who completed the ICU questionnaire was asked whether each patient's management would be reviewed at an M&M meeting. This data is shown in Table 8. There were only 168 cases where it was stated that the patient's management would be reviewed. It should be remembered that there were 560 deaths within this study (see Data overview chapter). Whilst there were a large number of cases where the answer to the question of review was unknown or not answered there is the possibility that a number of deaths were not considered at mortality and morbidity meetings. Tables 9a and 9b show that consultant physicians were informed in less than 27% of cases where a patient originally under their care was to be reviewed at an M&M meeting and even with notification, the attendance of a consultant physician was low. Many of the problems in the care of acute medical patients, which have been highlighted in the literature

and in this study, are rooted in process issues that are ideally suited to be broached in the forum of M&M meetings. The low level of M&M meetings and participation from medicine is therefore very worrying. In addition, the data suggests that the guidance issued by the Federation of the Royal Colleges of Physicians of the UK is not being complied with<sup>9</sup>. This document states that "all deaths within 24 hours of admission and other unexpected deaths should be promptly reviewed in a multidisciplinary forum".

<b>Table 8. Review of patients' management at morbidity and mortality (M&amp;M) meetings (answers from ICU consultants)</b>		
<b>Patient's management to be reviewed at M&amp;M meeting?</b>	<b>Total</b>	<b>(%)</b>
Yes	168	(20)
No	686	(80)
<b>Sub-total</b>	<b>854</b>	
Unknown	178	
Not answered	564	
<b>Total</b>	<b>1,596</b>	

<b>Table 9a. Consultant physician informed of patient's review at morbidity and mortality (M&amp;M) meetings</b>		
<b>Physician informed?</b>	<b>Total</b>	<b>(%)</b>
Yes	21	(27)
No	57	(73)
<b>Sub-total</b>	<b>78</b>	
Unknown	29	
Not answered	61	
<b>Total</b>	<b>168</b>	

<b>Table 9b. Consulting physician attendance of patient's review at morbidity and mortality (M&amp;M) meetings</b>		
<b>Physician present?</b>	<b>Total</b>	<b>(%)</b>
Yes	6	(33)
No	12	(67)
<b>Sub-total</b>	<b>18</b>	
Unknown	2	
Not answered	1	
<b>Total</b>	<b>21</b>	